

Exhibit 4

FILED IN DISTRICT COURT
OKLAHOMA COUNTYIN THE DISTRICT COURT OF OKLAHOMA COUNTY
STATE OF OKLAHOMA

FEB - 3 2023

RICK WARREN
COURT CLERK

108

OKLAHOMA LOCKWOOD AND
(405) KATHLEEN LOCKWOOD,Fax (405)
OCSS

Plaintiffs,

v.

STATE FARM FIRE AND
CASUALTY COMPANY,

Defendant.

Case No. **CJ-2022-4242**SUMMONS

To the above-named Defendant:

STATE FARM FIRE AND CASUALTY COMPANY
c/o Glen Mulready (Oklahoma Insurance Commissioner)
Oklahoma Insurance Department
Attn: Legal Division
400 NE 50th Street,
Oklahoma City, OK 73105

You have been sued by the above-named Plaintiffs, and you are directed to file a written Answer to the attached Petition in the Court at the above address within twenty (20) days after service of this Summons upon you, exclusive of the day of service. Within the same time, a copy of your Answer must be delivered or mailed to the attorney for the Plaintiff.

Unless you answer the Petition within the time stated, judgment will be rendered against you with costs of the action.

ISSUED this 30 day of Aug, 2022.RICK WARREN, Court Clerk
COURT CLERK,

me.

(Seal)

Attorneys for Plaintiff:

Deputy Court Clerk

Name: Terry M. McKeever
Address: Foshee & Yaffe Law Firm
P.O. Box 890420
Oklahoma City, OK 73189
Telephone: (405) 632-6668

This Summons was served/mailed on

January 27, 2023.

EXHIBIT

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YOU MAY SEEK THE ADVICE OF AN ATTORNEY ON ANY MATTER
CONNECTED WITH THIS SUIT OR YOUR ANSWER. SUCH ATTORNEY SHOULD BE
CONSULTED IMMEDIATELY SO THAT AN ANSWER MAY BE FILED WITHIN THE
TIME LIMIT STATED IN THE SUMMONS.

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RETURN OF SERVICE BY SHERIFF (PERSONAL SERVICE)

I certify that I received the foregoing Summons on the _____ day of _____, 20____, and that I delivered a copy of said Summons with a copy of the Petition to each of the following named Defendant(s) personally in _____ County at the address and on the date set forth opposite each name, to-wit:

NAME OF DEFENDANT

ADDRESS

DATE OF SERVICE

USUAL PLACE OF RESIDENCE

I certify that I received the foregoing Summons on this _____ day of _____, 20____. I served _____ by leaving a copy of said Summons with a copy of the Petition attached at _____ which is his/her usual place of residence with _____, a member of his/her family fifteen (15) years of age or older.

CORPORATION RETURN

Received this Summons this _____ day of _____, 20____, and as commanded therein, I Summoned the _____ within _____ named Defendant, as follows, to-wit: _____, a corporation, on the _____ day of _____, 20____, by delivering a true and correct copy of the Petition to _____, being the _____ of said Corporation, and the _____, President, Vice-President, Secretary, Treasurer or other chief officer not being found in said County.

NOT FOUND

Received this Summons this _____ day of _____, 20____, I certify that the following persons of the Defendant _____ within _____ named _____ not found in _____ County: _____ of _____ served _____

FEES

Fee for service \$ _____ Mileage _____ Total _____ Dated this _____ day of _____, 20____.

_____, Sheriff

By: _____, Deputy

CERTIFICATE OF SERVICE BY MAIL

I certify that I mailed copies of the foregoing Summons with a copy of the Petition attached to the following named Defendant(s) at the addresses shown by certified mail, addressee-only, return receipt requested on this 26th day of January, 2023, and receipt thereof on the date shown.

DEFENDANT

ADDRESS WHERE SERVED

DATE RECEIPTED

State Farm + 400 NE 50th St.
Casualty Co. OKC, OK 73105

1-27-2023

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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>State Farm Fire and Casualty Company Oklahoma Insurance Department Attn: Legal Division 400 NE 50th Street Oklahoma City, OK 73105</p> <p>2. Article Number (Transfer from service label)</p> <p>7019 0140 0000 8587 2091</p>		<p>A. Signature</p> <p><i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>RECEIVED JAN 27 2023 OKLAHOMA INSURANCE DEPT.</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>		<p>PS Form 3811, July 2016 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>	

USPS TRACKING#

OKLAHOMA CITY OK 73105

27 JAN 2023 PM 5 L

9590 4402 3972 8079 3616 16

United States Postal Service

FEB 01 2023

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

* Sender: Please print your name, address, and ZIP+4® in this box*

Foshee & Yaffe Law Firm
Attn: rdk Yaffe-Lockwood SP 012623
PO Box 890420
Oklahoma City, OK 73189